

FILED

May 10, 2007

STUART RABNER
ACTING ATTORNEY GENERAL OF NEW JERSEY
Division of Law, 5TH Floor
124 Halsey Street
P. O. Box 45029
Newark, New Jersey 07101
Attorney for the State Board of Medical Examiners

**NEW JERSEY STATE BOARD
OF MEDICAL EXAMINERS**

By: Tobey Palan
Deputy Attorney General
Tel. (973) 648-2436

STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF MEDICAL EXAMINERS

IN THE MATTER OF THE	:	
SURRENDER OF THE LICENSE OF	:	Administrative Action
	:	
SHERMAN WOLDMAN, M.D.	:	
License No. MA07511600	:	CONSENT ORDER OF
	:	VOLUNTARY SURRENDER
TO PRACTICE MEDICINE & SURGERY	:	OF LICENSURE
IN THE STATE OF NEW JERSEY	:	

This matter was opened to the New Jersey State Board of Medical Examiners (Board) upon receipt of information that on or about March 1, 2007, the New York State Board for Professional Medical Conduct (New York Board) filed a Modification Order on application of Sherman Woldman, M.D. (Respondent), which states that Respondent shall never activate his registration to practice medicine in New York or seek to reapply for a license to practice medicine in New York. (A copy of the New York Modification Order and its exhibits are annexed hereto and made a part hereof). The New York Order constitutes a bar to clinical

CERTIFIED TRUE COPY

practice in New York providing grounds for disciplinary action in New Jersey pursuant to N.J.S.A. 45:9-19.16(a).

Respondent presently has an active New Jersey license. Respondent now seeks leave to voluntarily surrender his license with prejudice to practice medicine and surgery in the State of New Jersey in accordance with the terms of this Order. Respondent waives any right to a hearing in this matter, and the Board finding the within disposition to be adequately protective of the public health, safety and welfare;

IT IS, therefore, on this 9TH day of MAY, 2007, ORDERED THAT:

1. Respondent, Sherman Woldman, M.D. shall immediately surrender his license to practice medicine and surgery in the State of New Jersey with prejudice. Respondent shall not hereafter apply for reinstatement of his New Jersey medical license.

2. Respondent shall immediately cease and desist from the practice of medicine and surgery in the State of New Jersey.

3. Respondent shall immediately return his original New Jersey license and most recent biennial registration to the New Jersey State Board of Medical Examiners, Post Office Box 183, 140 East Front St., Trenton, New Jersey 08625-0183 upon his receipt of a filed copy of this Order.

4. Respondent shall return his original CDS registration

to the New Jersey State Board of Medical Examiners, Post Office Box 183,
140 East Front St., Trenton, New Jersey 08625-0183, upon his receipt of
a filed copy of this Order.

5. Respondent shall immediately advise the DEA of this Order.

6. Respondent shall comply with the attached Directives for
Physicians whose Surrender of Licensure has been accepted by the Board,
which are incorporated herein by reference.

7. Nothing herein shall prevent the Board from taking
disciplinary action based on facts not alleged herein.

NEW JERSEY STATE BOARD OF
MEDICAL EXAMINERS

By: _____

Sandy Paul, M.D.
Sandy Paul, M.D.
Board President
17 April 07

I have read and understood the within Order and
agree to be bound by its terms. Consent is hereby
given to the Board to enter this Order.

Sherman Woldman

Sherman Woldman, M.D.
19 April 07



STATE OF NEW YORK
DEPARTMENT OF HEALTH

433 River Street, Suite 303

Troy, New York 12180-2299

February 22, 2007

Public

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Sherman Woldman, M.D.
619 Town Bank Road
Cape May, NJ 08204-3519

Re: License # 081100

Dear Dr. Woldman:

Enclosed is a copy of your Modification of **Non-disciplinary Order of Conditions** pursuant to Public Health Law Section 230. The order is effective March 1, 2007.

Sincerely,

Ansel R. Marks, M.D., J.D.
Executive Secretary
Board for Professional Medical Conduct

cc: John P. Danieu, Esq.
Roach, Brown, McCarthy & Gruber, P.C.
1620 Liberty Building
424 Main Street
Buffalo, NY 14202-3616

Enclosure

NEW YORK STATE DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER
OF
SHERMAN WOLDMAN, M.D.

MODIFICATION
ORDER


Upon the proposed Application for a Modification Order of **SHERMAN WOLDMAN, M.D.**,
(Respondent) for Consent Order, that is made a part of this Modification Order, it is agreed to
and

ORDERED, that the attached Application, and its terms, are adopted SO ORDERED, and
it is further

ORDERED, that this Modification Order shall be effective upon issuance by the Board,
either by mailing of a copy of this Modification Order, by either first class mail, to Respondent at
the address in the attached Application or certified mail to Respondent's attorney, or upon
transmission via facsimile to Respondent or Respondent's attorney, whichever is earliest.

SO ORDERED.

DATED: 2-21-07


KENDRICK A. SEARS, M.D.
Chair
State Board for Professional
Medical Conduct

STATE OF NEW YORK : DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER
OF
SHERMAN WOLDMAN, M.D.

APPLICATION TO
MODIFY
NON-DISCIPLINARY
ORDER OF CONDITIONS

SHERMAN WOLDMAN, M.D., (Respondent) deposes and says:

That on or about August 14, 1958, I was licensed to practice as a physician in the State of New York, having been issued License No. 81100 by the New York State Education Department.

My current address is 619 Town Bank Road, Cape May, NJ 08204-3519.

I am currently subject to a Non-Disciplinary Order of Conditions dated August 17, 1999, annexed hereto, made a part hereof, and marked as Exhibit I (hereinafter "Non-Disciplinary Order of Conditions").

I apply, hereby, for a Consent Order, to supersede the above described Non-Disciplinary Order of Conditions, and agree to the following sanction:

I shall never activate my registration to practice medicine in New York state or seek to reapply for a license to practice medicine in New York state.

The Modification Order to be issued will not constitute a new disciplinary action against me, but will substitute the proposed language for the above described language in the Original Order.

I stipulate that my failure to comply with any conditions of this Consent Order shall constitute misconduct as defined by New York Education Law § 6530(29).

I agree that, if I am charged with professional misconduct in the future, this Consent Agreement and Order shall be admitted into evidence in that proceeding.

I ask the Board to adopt this Consent Agreement.

I understand that if the Board does not adopt this Consent Agreement, none of its terms shall bind me or constitute an admission of any of the acts of alleged misconduct; this Consent Agreement shall not be used against me in any way and shall be kept in strict confidence; and the Board's denial shall be without prejudice to the pending disciplinary proceeding and the Board's final determination pursuant to New York Public Health Law.


I agree that, if the Board adopts this Consent Agreement, the Chair of the Board shall issue a Consent Order in accordance with its terms. I agree that this Consent Order shall take effect upon its issuance by the Board, either by mailing of a copy of the Consent Order by first class mail to me at the address in this Consent Agreement, or to my attorney by certified mail, or upon facsimile transmission to me or my attorney, whichever is first. The Consent Order, this agreement, and all attached Exhibits shall be public documents, with only patient identities, if any, redacted. As public documents, they may be posted on the Department's website.

I stipulate that the proposed sanction and Consent Order are authorized by New York Public Health Law §§ 230 and 230-a, and that the Board and OPMC have the requisite powers to carry out all included terms. I ask the Board to adopt this Consent Agreement of my own free will and not under duress, compulsion or restraint. In consideration of the value to me of the Board's adoption of this Consent Agreement, allowing me to resolve this matter without the various risks and burdens of a hearing on the merits, I knowingly waive my right to contest the Consent Order for which I apply, whether administratively or judicially, I agree to be bound by the Consent Order, and I ask that the Board adopt this Consent Agreement.

I understand and agree that the attorney for the Department, the Director of OPMC and the Chair of the Board each retain complete discretion either to enter into the proposed agreement and Consent Order, based upon my application, or to decline to do so. I further understand and agree that no prior or separate written or oral communication can limit that discretion.

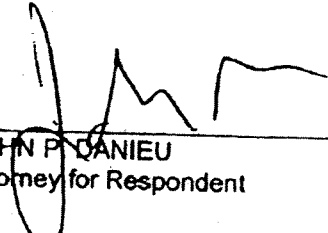
AFFIRMED:

DATED: 2/2/2007



SHERMAN GOLDMAN, M.D.
Respondent

The undersigned agree to the attached application of Respondent and to the proposed penalty based on the terms and conditions thereof.

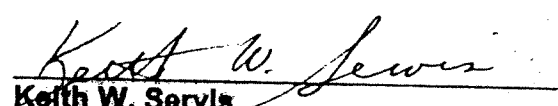
DATE: 2/2/07


JOHN P. DANIEU
Attorney for Respondent

DATE: 9 February 2007


ROBERT BOGAN
Associate Counsel
Bureau of Professional Medical Conduct

DATE: 2/30/07


Keith W. Servis
Director
Office of Professional Medical Conduct

"Exhibit 1"

STATE OF NEW YORK : DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

-----X

IN THE MATTER :

OF :

NONDISCIPLINARY
ORDER OF
CONDITIONS

SHERMAN WOLDMAN, M.D. :

-----X

I, SHERMAN WOLDMAN, M.D., says:

1. I was licensed to practice as a physician in New York State on August 14, 1958, having been issued license number 81100 by the New York State Education Department. I am currently registered to practice as a physician in New York State with a registration address of 4427 Union Road Cheektowaga, NY 14225-2305.
2. I hereby apply for this Order of Conditions as specifically set forth herein.
3. I am entering into this Order of Conditions in lieu of any charges that the New York State Department of Health Office of Professional Medical Conduct [hereafter "OPMC"] may bring against me as of the signing of this Agreement. I understand and agree, however, that upon receipt of any similar complaints in the future, OPMC may re-open any complaints received prior to the signing of this document and that such may be included in any misconduct charges that may be brought against me.
4. I understand and agree that as a condition for the issuance of this nondisciplinary order of conditions, I will meet with the Executive Secretary of the Board, at a time and place to be identified by the Executive Secretary, to discuss the issues raised in the investigation.
5. I understand that this Order of Conditions will not constitute a disciplinary action against me and I make no admissions of professional misconduct herein. However, I understand and agree that OPMC will inform the patients who were the subject of my interview dated March 11, 1999 that the Executive Secretary of the Board has discussed with me the concerns and issues raised by them and that I have entered into a nondisciplinary order of conditions as set forth in paragraph 6 below.
6. I understand and agree that as of the effective date of this Order of Conditions, I shall practice medicine only under

the following conditions:

- a. I will always have a chaperone present when examining female patients as set forth in Exhibit A.
 - b. I will allow patients' parents to have full access to the examining room during examination unless the patient expresses his/her wishes to the contrary.
 - c. I will always make gowns available for the patients' use during examination.
 - d. I will fully explain to the parent and the patient the need for any examination of or procedure involving the female genitalia, including but not limited to, vaginal checks and pelvic examinations.
 - e. I will maintain legible and complete medical records which accurately reflect the evaluation and treatment of patients, including but not limited to, indicating all body parts examined during any physical examination.
7. I understand and agree to comply with all terms and conditions to which I am subject pursuant to this Order of Conditions.
 8. I understand and agree that upon receipt of evidence of noncompliance with or any violation of this Order of Conditions, the Director of OPMC and/or the Board for Professional Medical Conduct may initiate any such proceeding as may be authorized by law, including a proceeding based upon my care of the patients who were the subject of my interview of March 11, 1999. I understand that OPMC expressly reserves the right to prosecute these matters in the event that they receive any further complaints of misconduct against me.
 9. This Order of Conditions shall take effect as of the date of its receipt by me or by my attorney by certified mail or upon transmission via facsimile to my attorney, whichever is earliest.
 10. I hereby make this application and request that it be granted. I understand that in the event that this application is not agreed to and approved, nothing contained herein shall be binding upon me or construed to be an admission of any act of misconduct alleged or charged against me.
 11. I am making this application of my own free will and accord and not under duress, compulsion or restraint of any kind or manner. In consideration of the approval of this Voluntary Agreement, I fully, freely and with the advice of counsel waive any right I may have to appeal or otherwise challenge the validity of this Order of Conditions.
 12. I understand and agree that this Order of Conditions will have the same force and effect as if imposed under Public Health Law §230 and that violation of any condition of

be subject pursuant to the Order and shall assume and bear all costs related to compliance. Upon receipt of evidence of noncompliance with, or any violation of these terms, the Director of OPMC and/or the Board may initiate any such proceeding against me as may be authorized pursuant to the law.

EXHIBIT A

ORDER OF PRACTICE CONDITIONS

FOR

SHERMAN WOLDMAN, M.D.

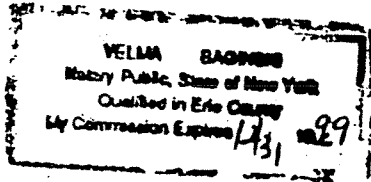
1. I shall conduct himself in all ways in a manner befitting my professional status, and shall conform fully to the moral and professional standards of conduct and obligations imposed by law and my profession.
2. I shall submit written notification to the New York State Department of Health (NYSDOH), addressed to the Director, Office of Professional Medical Conduct (OPMC), New York State Department of Health, Hedley Park Place, 4th Floor, 433 River Street, Troy, New York 12180-2299; no later than 30 days following the effective date of this Agreement. Said notice is to include a full description of any employment and practice, professional and residential addresses and telephone numbers within or without New York State, and any and all investigations, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility, within thirty days of each action.
3. I shall cooperate fully with and respond in a timely manner to requests from OPMC to provide written periodic verification of my compliance with the terms of this Agreement. I shall personally meet with a person designated by the Director of OPMC as requested by the Director.
4. I shall maintain my registration of my license during the period of this Voluntary Agreement. Within 90 days of the date of this Agreement, I shall provide proof of current registration to the Director of OPMC at the address set forth above.
5. I shall maintain legible and complete medical records which accurately reflect the evaluation and treatment of patients. In cases of prescribing, dispensing, or administering of controlled substances, the medical record shall contain all information required by state rules and regulations regarding controlled substances.
6. My professional performance may be reviewed by the Director of OPMC or her designees. Said reviews may occur on an annual basis. Reviews may include, but shall not be limited to, reviews of office records and/or hospital records, interviews with and/or periodic visits with Respondent and his staff, at Respondent's office and/or OPMC's offices.

7. I shall, in the course of practicing medicine in New York State, examine and/treat female patients only in the presence of a chaperone. The chaperone shall be a female licensed or registered health care professional or other health care worker, and shall not be a family member or personal friend. If an emergency situation arises whereby a chaperone is not readily available, I shall only examine female patients in the presence of her parent and such examination shall not involve any examination of or procedure involving the female genitalia, including but not limited to, vaginal checks and pelvic examinations. The chaperone shall be proposed by Respondent and subject to the written approval of the Director of OPMC.
8. Prior to the approval of any individual as chaperone, I shall cause the proposed chaperone to execute and submit to the Director of OPMC an acknowledgment of her agreement to undertake all of the responsibilities of the role of chaperone. Said acknowledgment shall be made upon a form provided by and acceptable to the Director. I shall provide the chaperone with a copy of the Order and all of its attachments and shall, without fail, cause the approved chaperone to:
 - a. Report quarterly to OPMC regarding her chaperoning of Respondent's practice.
 - b. Report within 24 hours any failure of Respondent to comply with the Order, including, but not limited to, any failure by Respondent to have the chaperone present when required, any sexually suggestive or otherwise inappropriate comments by Respondent to any patient, and any actions of a sexual nature by Respondent in the presence of any patient.
 - c. Confirm the chaperone's presence at each and every examination and treatment of a female patient by Respondent, by placing her name, title and date in the patient record for each and every visit, and by maintaining a separate log, kept in her own possession, listing the patient name and date of visit for each and every patient visit chaperoned.
 - d. Provide copies of the log described in paragraph c, above, to OPMC at least quarterly and also immediately upon the Director's request.
9. I shall comply with all terms, conditions, restrictions, limitations and penalties to which I may

this order shall, at a minimum, constitute misconduct under Education Law §6530(29).

Sworn to before me this 9TH
day of AUGUST, 1999.

Velma Baginski
NOTARY PUBLIC



Sherman Woldman
SHERMAN WOLDMAN, M.D.
Respondent

The undersigned agree to and approve the Order of Conditions and accompanying exhibits.

DATE: 8/11/99

Mary Murray
MARY MURRAY, ESQ.
Attorney for Respondent

DATE: 8/12/99

Kalimah Jenkins
KALIMAH J. JENKINS
Assistant Counsel
Bureau of Professional Medical
Conduct

DATE: Aug 16, 1999

Anne F. Saile
ANNE F. SAILE
Director
Office of Professional Medical
Conduct

DATE: 8/17/99

William P. Dillon, MD
WILLIAM P. DILLON, M.D.
Chair
State Board for Professional
Medical Conduct

Sherman Woldman, M.D., F.A.A.P.
619 Townbank Rd.
Cape May, New Jersey 08204
(609) 884-5817
Cell(609) 408-7225

April 18, 2007

By Certified mail, Return Receipt Requested

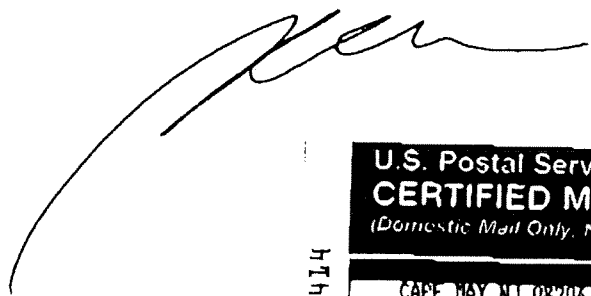
Joseph Cirrinicione, Superintendent
Lower Township Elementary Schools
834 Seashore Rd.
Cape May, NJ 08204

Dear Mr. Cirrinicione,

It is with regret that I must notify you that I have decided to retire from the practice of medicine. Please accept my immediate resignation as Medical Inspector at Lower Township Elementary Schools.

I thank you for all your help and support in the past.

Sincerely,



U.S. Postal Service		
CERTIFIED MAIL RECEIPT		
(Domestic Mail Only. No Insurance Coverage Provided)		
CAPE MAY NJ 08204		
Postage	\$ 11.39	0205
Certified Fee	\$ 1.40	08
Return Receipt Fee (Endorsement Required)	\$ 1.85	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	04/18/2007
Total Postage & Fees	\$ 14.64	08204
Recipient's Name (Please Print Clearly) (to be completed by mailer)		
J. CIRINICIONE, SR. LT. F.S. USPS		
Street, Apt. No., or PO Box No.		
834 SEASHORE RD		
City, State, ZIP+4		
CAPE MAY, NJ 08204		

7000 0600 0025 5957 5414

Sherman Woldman, M.D., F.A.A.P.
619 Townbank Rd.
Cape May, New Jersey 08204
(609) 884-5817
Cell(609) 408-7225

April 18, 2007


By Certified Mail Return Receipt Requested

Marilyn Golden, Director of Operations
Volunteers In Medicine
423 Rt.9 North
Cape May Courthouse, NJ 08210

It is with regret that I must notify you that I have decided to retire from the practice of medicine. Please accept my immediate resignation as physician at the Volunteers in Medicine Clinic.

I thank you for your support in the past.

Sincerely,



7000 0600 0025 5957 5407

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only, No Insurance Coverage Provided)	
CAPE MAY COURT HOUSE NJ 08210	
Postage	\$0.39
Certified Fee	\$2.40
Return Receipt Fee (Endorsement Required)	\$1.85
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$4.64

08210 NORTH CAPE MAY NJ
08 Postmark
APR 18 2007
USPS 08204

Recipient's Name (Please Print Clearly) (to be completed by addressee)
M. GOLDEN, DIR. OR. VIM
Street, Apt. No., or PO Box No.
423 RT 9 N
City, State, ZIP+4
CAPE MAY COURTHOUSE, NJ 08210

PS Form 3800, February 2006

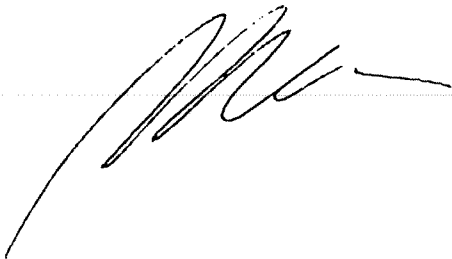
**Sherman Woldman, M.D., F.A.A.P.
619 Townbank Rd.
Cape May, New Jersey 08204
(609) 884-5817
Cell(609) 408-7225**

April 18, 2007

**CDS
Drug Control Unit
PO Box 45022
Newark, NJ 07101**

**Re CDS# D0881100
Lic. # MA07511600**

**Please be notified that I have retired from the practice of
medicine effective immediately, and have surrendered my
license.**

A handwritten signature in black ink, appearing to be 'SW', is written over a horizontal dotted line.

Sherman Woldman, M.D., F.A.A.P.
619 Townbank Rd.
Cape May, New Jersey 08204
(609) 884-5817
Cell (609) 408-7225

April 18, 2007

Controlled Substance Registration
Department of Justice
Drug Enforcement Administration
Washington, DC 20537

DEA #AW0547173

**Please be notified that I have retired from the practice of
medicine effective immediately, and have surrendered my
license.**

A handwritten signature in black ink, appearing to be 'S. Woldman', written over a horizontal dotted line.

**DIRECTIVES APPLICABLE TO ANY MEDICAL BOARD LICENSEE
WHO IS DISCIPLINED OR WHOSE SURRENDER OF LICENSURE
HAS BEEN ACCEPTED**

APPROVED BY THE BOARD ON MAY 10, 2000

All licensees who are the subject of a disciplinary order of the Board are required to provide the information required on the Addendum to these Directives. The information provided will be maintained separately and will not be part of the public document filed with the Board. Failure to provide the information required may result in further disciplinary action for failing to cooperate with the Board, as required by N.J.A.C. 13:45C-1 et seq. Paragraphs 1 through 4 below shall apply when a license is suspended or revoked or permanently surrendered, with or without prejudice. Paragraph 5 applies to licensees who are the subject of an order which, while permitting continued practice, contains a probation or monitoring requirement.

1. Document Return and Agency Notification

The licensee shall promptly forward to the Board office at Post Office Box 183, 140 East Front Street, 2nd floor, Trenton, New Jersey 08625-0183, the original license, current biennial registration and, if applicable, the original CDS registration. In addition, if the licensee holds a Drug Enforcement Agency (DEA) registration, he or she shall promptly advise the DEA of the licensure action. (With respect to suspensions of a finite term, at the conclusion of the term, the licensee may contact the Board office for the return of the documents previously surrendered to the Board. In addition, at the conclusion of the term, the licensee should contact the DEA to advise of the resumption of practice and to ascertain the impact of that change upon his/her DEA registration.)

2. Practice Cessation

The licensee shall cease and desist from engaging in the practice of medicine in this State. This prohibition not only bars a licensee from rendering professional services, but also from providing an opinion as to professional practice or its application, or representing him/herself as being eligible to practice. (Although the licensee need not affirmatively advise patients or others of the revocation, suspension or surrender, the licensee must truthfully disclose his/her licensure status in response to inquiry.) The disciplined licensee is also prohibited from occupying, sharing or using office space in which another licensee provides health care services. The disciplined licensee may contract for, accept payment from another licensee for or rent at fair market value office premises and/or equipment. In no case may the disciplined licensee authorize, allow or condone the use of his/her provider number by any health care practice or any other licensee or health care provider. (In situations where the licensee has been suspended for less than one year, the licensee may accept payment from another professional who is using his/her office during the period that the licensee is suspended, for the payment of salaries for office staff employed at the time of the Board action.)

A licensee whose license has been revoked, suspended for one (1) year or more or permanently surrendered must remove signs and take affirmative action to stop advertisements by which his/her eligibility to practice is represented. The licensee must also take steps to remove his/her name from professional listings, telephone directories, professional stationery, or billings. If the licensee's name is utilized in a group practice title, it shall be deleted. Prescription pads bearing the licensee's name shall be destroyed. A destruction report form obtained from the Office of Drug Control (973-504-6558) must be filed. If no other licensee is providing services at the location, all medications must be removed and returned to the manufacturer, if possible, destroyed or safeguarded. (In situations where a license has been suspended for less than one year, prescription pads and medications need not be destroyed but must be secured in a locked place for safekeeping.)

3. Practice Income Prohibitions/Divestiture of Equity Interest in Professional Service Corporations and Limited Liability Companies

A licensee shall not charge, receive or share in any fee for professional services rendered by him/herself or others while barred from engaging in the professional practice. The licensee may be compensated for the reasonable value of services lawfully rendered and disbursements incurred on a patient's behalf prior to the effective date of the Board action.

A licensee who is a shareholder in a professional service corporation organized to engage in the professional practice, whose license is revoked, surrendered or suspended for a term of one (1) year or more shall be deemed to be disqualified from the practice within the meaning of the Professional Service Corporation Act. (N.J.S.A. 14A:17-11). A disqualified licensee shall divest him/herself of all financial interest in the professional service corporation pursuant to N.J.S.A. 14A:17-13(c). A licensee who is a member of a limited liability company organized pursuant to N.J.S.A. 42:1-44, shall divest him/herself of all financial interest. Such divestiture shall occur within 90 days following the the entry of the Order rendering the licensee disqualified to participate in the applicable form of ownership. Upon divestiture, a licensee shall forward to the Board a copy of documentation forwarded to the Secretary of State, Commercial Reporting Division, demonstrating that the interest has been terminated. If the licensee is the sole shareholder in a professional service corporation, the corporation must be dissolved within 90 days of the licensee's disqualification.

4. Medical Records

If, as a result of the Board's action, a practice is closed or transferred to another location, the licensee shall ensure that during the three (3) month period following the effective date of the disciplinary order, a message will be delivered to patients calling the former office premises, advising where records may be obtained. The message should inform patients of the names and telephone numbers of the licensee (or his/her attorney) assuming custody of the records. The same information shall also be disseminated by means of a notice to be published at least once per month for three (3) months in a newspaper of

general circulation in the geographic vicinity in which the practice was conducted. At the end of the three month period, the licensee shall file with the Board the name and telephone number of the contact person who will have access to medical records of former patients. Any change in that individual or his/her telephone number shall be promptly reported to the Board. When a patient or his/her representative requests a copy of his/her medical record or asks that record be forwarded to another health care provider, the licensee shall promptly provide the record without charge to the patient.

5. Probation/Monitoring Conditions

With respect to any licensee who is the subject of any Order imposing a probation or monitoring requirement or a stay of an active suspension, in whole or in part, which is conditioned upon compliance with a probation or monitoring requirement, the licensee shall fully cooperate with the Board and its designated representatives, including the Enforcement Bureau of the Division of Consumer Affairs, in ongoing monitoring of the licensee's status and practice. Such monitoring shall be at the expense of the disciplined practitioner.

(a) Monitoring of practice conditions may include, but is not limited to, inspection of the professional premises and equipment, and inspection and copying of patient records (confidentiality of patient identity shall be protected by the Board) to verify compliance with the Board Order and accepted standards of practice.

(b) Monitoring of status conditions for an impaired practitioner may include, but is not limited to, practitioner cooperation in providing releases permitting unrestricted access to records and other information to the extent permitted by law from any treatment facility, other treating practitioner, support group or other individual/facility involved in the education, treatment, monitoring or oversight of the practitioner, or maintained by a rehabilitation program for impaired practitioners. If bodily substance monitoring has been ordered, the practitioner shall fully cooperate by responding to a demand for breath, blood, urine or other sample in a timely manner and providing the designated sample.

NAME: Sherman Woldman, M.D.
NJ License # MA075116

ADDENDUM

Any licensee who is the subject of an order of the Board suspending, revoking or otherwise conditioning the license, shall provide the following information at the time that the order is signed, if it is entered by consent, or immediately after service of a fully executed order entered after a hearing. The information required here is necessary for the Board to fulfill its reporting obligations:

Social Security Number¹: _____

List the Name and Address of any and all Health Care Facilities with which you are affiliated:

List the Names and Address of any and all Health Maintenance Organizations with which you are affiliated:

Provide the names and addresses of every person with whom you are associated in your professional practice: (You may attach a blank sheet of stationery bearing this information).

¹ Pursuant to 45 CFR Subtitle A Section 61.7 and 45 CFR Subtitle A Section 60.8, the Board is required to obtain your Social Security Number and/or federal taxpayer identification number in order to discharge its responsibility to report adverse actions to the National Practitioner Data Bank and the HIP Data Bank.

**NOTICE OF REPORTING PRACTICES OF BOARD
REGARDING DISCIPLINARY ACTIONS**

Pursuant to N.J.S.A. 52:14B-3(3), all orders of the New Jersey State Board of Medical Examiners are available for public inspection. Should any inquiry be made concerning the status of a licensee, the inquirer will be informed of the existence of the order and a copy will be provided if requested. All evidentiary hearings, proceedings on motions or other applications which are conducted as public hearings and the record, including the transcript and documents marked in evidence, are available for public inspection, upon request.

Pursuant to 45 CFR Subtitle A 60.8, the Board is obligated to report to the National Practitioners Data Bank any action relating to a physician which is based on reasons relating to professional competence or professional conduct:

- (1) Which revokes or suspends (or otherwise restricts) a license,
- (2) Which censures, reprimands or places on probation,
- (3) Under which a license is surrendered.

Pursuant to 45 CFR Section 61.7, the Board is obligated to report to the Healthcare Integrity and Protection (HIP) Data Bank, any formal or official actions, such as revocation or suspension of a license (and the length of any such suspension), reprimand, censure or probation or any other loss of license or the right to apply for, or renew, a license of the provider, supplier, or practitioner, whether by operation of law, voluntary surrender, non-renewability, or otherwise, or any other negative action or finding by such Federal or State agency that is publicly available information.

Pursuant to N.J.S.A. 45:9-19.13, if the Board refuses to issue, suspends, revokes or otherwise places conditions on a license or permit, it is obligated to notify each licensed health care facility and health maintenance organization with which a licensee is affiliated and every other board licensee in this state with whom he or she is directly associated in private medical practice.

In accordance with an agreement with the Federation of State Medical Boards of the United States, a list of all disciplinary orders are provided to that organization on a monthly basis.

Within the month following entry of an order, a summary of the order will appear on the public agenda for the next monthly Board meeting and is forwarded to those members of the public requesting a copy. In addition, the same summary will appear in the minutes of that Board meeting, which are also made available to those requesting a copy.

Within the month following entry of an order, a summary of the order will appear in a Monthly Disciplinary Action Listing which is made available to those members of the public requesting a copy.

On a periodic basis the Board disseminates to its licensees a newsletter which includes a brief description of all of the orders entered by the Board.

From time to time, the Press Office of the Division of Consumer Affairs may issue releases including the summaries of the content of public orders.

Nothing herein is intended in any way to limit the Board, the Division or the Attorney General from disclosing any public document.